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RELATION OF STATE HEALTH DEPARTMENTS TO FEDERAL AND VOLUNTEER HEALTH AGENCIES.¹

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Two years ago there was appointed by this conference an executive committee, whose object is to represent the State health officers in all matters which might arise in the interim between conferences. This committee began to function immediately, and as the months have passed, the wisdom of having such an executive body has become more and more apparent. The secretary's report will give a résumé of the questions handled by the committee during the past year, but some of these require further discussion and possible action by the conference as a whole. I desire to direct your attention to certain matters of the utmost importance which are still pending, meanwhile reviewing other subjects which have a considerable bearing upon the present situation.

Stated briefly, the problems now before us are the relations of the State boards and departments of health to the various Federal health agencies and to the voluntary health agencies now operating or planning to operate on a national basis.

The Federal Agencies.

During the war, when the State health departments were being rapidly disintegrated by calls to military service, these departments made overtures to the Secretary of War looking toward their absorption, at least temporarily, into the military organization. These advances were refused, but incidentally they had the effect of creating a union closer than ever before between the United States Public Health Service and the State health departments. Under the forward-looking régime of Surgeon General Cumming, this cooperation has continued and is now at a most satisfactory state.

There exists, however, in the minds of many Members of Congress an opinion that the State health officers are serving as political tools for the Public Health Service, particularly as agents for obtaining increased appropriations, and this has brought both the State and Federal agencies into a more or less odious situation. This opinion

¹ Presidential address delivered at the Conference of State and Provincial Health Authorities of North America, Boston, Mass., June 1, 1921.

is far from the truth. The State health officers are not taking orders from anyone outside their own States, and I doubt if the time ever comes when they will be willing to do so.

The principal cause of this attitude among Members of Congress, which is now, unfortunately, reflected by various health workers throughout the country, is undoubtedly the difficulty which has arisen over the distribution of appropriations for the control of venereal disease. Since practically every State has participated in this fund and obtained concurrent legislation or other authority to actively engage in work partially subsidized by Federal money, every executive officer has naturally been desirous of having the fund continued, and to this end Congressmen and Senators have been asked to lend their influence.

Later, when it became manifest that trouble had occurred in Washington over the administration of venereal disease work, the State health officers were drawn into the controversy and almost unanimously threw their influence on the side of the Public Health Service, which, as the long-established and fully authorized agency, they believed should be placed at the head of Federal or cooperative public health work.

Although the last Congress took measures to eliminate the Interdepartmental Social Hygiene Board, there is still a struggle for its continued existence, and those persons interested in its future have obtained the assistance of some voluntary organizations, which recognize the appeal and necessity of venereal disease control work, but evidently are not fully informed as to the relations existing in the involved situation.

The dissension caused by this controversy has jeopardized the entire public health program, and there is evidence that partisan individuals are seeking to discredit State officials in the eyes of their constituents and influential citizens.

In view of the fact that the rumors, which are in apparently wide circulation, are not only without foundation but are actually malicious, this conference is not in a position to evade a problem of such magnitude, and at this meeting should consider the advisability of a resolution memorializing Congress in favor of the United States Public Health Service as the sole administrator of this important work, not because we are puppets or have been subsidized by money, but because we believe the cause is too great to be subjected to the danger of internal ructions and personal animosities.

The whole system of Federal aid to States on a partially subsidizing basis is fraught with a considerable danger. We all know that disputes arise more easily over money matters than over almost any other subject, and apparently the relations of State and Nation are as readily upset as are those of individuals. While the difficulty

in venereal disease control is not entirely financial in nature, it is quite apparent that Federal money, its distribution and use, is at the foundation of the trouble.

Naturally, most States desire to profit by the generosity of Congress, but certainly such appropriations are not altogether unmixed blessings. With the passage of the Sheppard-Towner bill, another distribution agency will be established; and other bills are in the congressional hopper which contemplate similar grants of varying amounts, but almost without exception they are based upon equal or larger appropriations by the States. We may well stop to ask how far it is wise to carry such centralization, and whether it is advisable to risk the dangers to State health departments in support of plans which provide financial assistance for the time being, but may be changed or discontinued and the aid withdrawn upon slight notice. Every such plan draws the State departments more and more into national politics and disagreements, and such a result is obviously to be avoided even at the expense of somewhat circumscribed activities.

The Voluntary Agencies.

Public health work is evolving at so rapid a rate that one hesitates to say to-day what will be in vogue to-morrow. The lesson of the war, with its physical examinations of drafted men, has taken so great a hold upon the people of the country that everyone has become a potential health officer. Public opinion has been stirred to its very foundations in regard to health and the prevention of disease and disability. From the White House to the lowest hovel, people are thinking in terms of public health and are on tiptoe to do something which will benefit the community, the State, and the Nation.

Here, then, is a tremendous force, capable of producing results beyond the highest dreams of mankind if properly directed, but also liable to cause the greatest confusion if allowed to run at cross purposes.

This great power is already being utilized to a considerable extent by the various welfare and public health agencies which were in the field before the war, and by others formed during the reconstruction period. The danger of misdirected or unharnessed energy has been recognized by the workers in public health. Some have taken advantage of the potential energy to build up their own organizations and increase their scope of work. Others have seen the necessity of correlating allied agencies, and as a result we have in the country to-day various councils formed by organizations having allied objects. Witness the National Health Council, the National Child Health Council (this being an integral part of the National Health Council), the National Council of Social Workers, and the National Council of Women's Organizations. All these have for

their object the conserving, directing, and utilization of the active and potential energy of public sentiment, and the prevention of duplication in their work.

Unfortunately the post-war enthusiasm caused by the health and welfare appeal is not self-perpetuating. It must be fostered and nourished or it will gradually diminish, if, indeed, it does not reach the point of reaction. All this is doubtless recognized by the voluntary health organizations, which realize that they must not only utilize every means provided for maintaining the continued interest and dues of their membership, but that they must also "deliver the goods" which have been bought and paid for by the public. And what are these commodities which have been the object of such immense investments? Lower death rate, lower morbidity rate, longer life, better health, improved sanitary conditions, safe and happy childhood, better family life. In its enthusiasm the public has dealt generously in "futures." On a falling market the seller must be prepared to meet the call for delivery which is sure to come.

As between the voluntary and the authorized agencies, one difference is plainly marked. The State and Federal departments are burdened by law with the routine duties relating to life and health, which, through many years of legal enactments, have become a recognized and constituent part of government, and they are allowed money raised by taxation for the support of such work.

The voluntary organizations, having no duties imposed by law, must justify themselves before their members and contributors and rely upon new and continued stimuli in the form of added or revised activities in order to insure the constant flow of income necessary to their support. They possess also wonderful opportunities to try out experiments, and demonstrate new phases of public health endeavor, which may eventually become proper objects for the appropriation of public money and administration by the public authorities.

The similarity of the two groups exists in the demands of the constituted governments that their departments show progress commensurate with the advance of science and public sentiment at the time. And in the initiation of new work the two groups sometimes conflict.

Coincidentally the public becomes confused and begins to question where each organization begins and ends its work. This situation is already upon us. Specialization has become established in the field of public health to an extent which threatens its future prospects.

Prof. G. C. Whipple, in his excellent eulogy of the late Prof. Sedgwick, makes this statement: "There is danger that public health education will be organized and legislated, propagandized and commercialized to the point of nullification." The same statement is

true in regard to all public health work. Overspecialization must be avoided.

An analogous situation exists in the treatment of disease. The multiplicity of medical and quasi-medical cults has so obscured the vision of the public that every school, including the regular medical profession, has become the object of criticism, and is subjected to distrust and charges of commercialism. The time to correct this condition in public health is before the lines of demarkation have become so firmly established that they can not be altered.

This conference has as its invited guests, representatives of many of the organizations doing public health and welfare work, and to them we desire to state that we crave the closest cooperation and coordination of work. We are not, as has been intimated, in collusion with any organization, and have the best feeling for all, wishing them Godspeed in their chosen fields. I hope this subject will have full and free discussion at this conference, to the end that any existing difficulties or conflict may be cleared away.

The great field of public health is big enough for all, and the great fight against suffering, disease, and death, which is the one reason for the existence of any of our organizations, demands the orderly mobilization of every force which can be utilized. We have no time for internal dissension. The enemy is still unconquered and must be met by a united front, fully equipped with every known weapon, and particularly with the armor of mutual trust and consistent cooperation.

Remedies in Prospect.

Cloudy as the atmosphere may appear in the presentation of the foregoing problems, there are signs of clearing which give great promise. Early in the last Congress our executive committee proposed a resolution providing for the appointment of a joint congressional committee to gather evidence in regard to the existing governmental and extragovernmental agencies concerned in public health work and propose a plan for their closer coordination and uniform supervision. This resolution passed the Senate, but was later superseded by the Smoot-Revis resolution, which has a much broader scope, but includes the investigation of public health activities.

President Harding is advocating the formation of a Department of Public Welfare with a cabinet secretary, which will presumably take over the principal Government health agencies and bring into line all National and State public health work. Senate bill 1607 has already been introduced to provide for such a department.

Finally, there has been formed the National Health Council, with centralized, cooperating offices, which seeks to unite the various health activities for mutual aid, coordination, and avoidance of duplication.

Out of one or more of these efforts may grow the superdirecting body which shall bring into parallel lines the now divergent operations which are being conducted throughout the country.

After all, the ultimate citizen is the supporter of all agencies and it is for the health workers to decide whether the people shall be separated into competitive groups or united in one great army ranged against a common enemy and striving toward the same goal.

There are several other matters of importance directly concerning our conference which I desire to present for your consideration. We are from time to time losing valuable members by reason of changes in State departments of health. Two such members leave our conference with this session, and there are several others, who, while not now connected with State work, retain their interest in public health and still hold in remembrance the long association which they had with us. In order that we may not lose the valuable advice and ripened judgment of these former State health officers I would recommend that honorary memberships be created and offered to those whom we regard so highly.

Consistent with our desire for progress, the suggestion has been made that the scope of this conference be enlarged to include chiefs of bureaus in State departments, allowing them participating but nonvoting memberships. I commend such action to your earnest consideration.

The duties of the secretary have been so greatly enlarged since the organization of the executive committee that I feel some arrangement should be made to allow him at least part-time clerical assistance and, if possible, expenses on trips in the performance of his duties as secretary. In this connection I would call attention to the fact that some of the members of the executive committee have made repeated trips to Washington on conference business without expense to the organization and sometimes at considerable expense and inconvenience to themselves. Eventually I believe we shall find it necessary to employ a full-time executive secretary, but at the present time our circumstances hardly seem to warrant such a proposal.

I would particularly recommend the occasional meeting of health executives in adjoining and near-by States for the purposes of discussing problems relating to their local section and of joint interest. Each member of the executive committee is the center of a geographical group which he represents and to which he reports. These groups would find a wonderful advantage in sectional meetings at least twice a year where distances are not too great, thereby coming into closer personal relationship and better mutual understanding. We of New England have already adopted such a plan and find it of great benefit and encouragement.

In conclusion, I desire to express my appreciation of the honor which has been mine during the past year as president of this confer-

ence. Such an experience is one of the mountain peaks of life and is the more appreciated because it brings into prominence the little State of Vermont, where, in spite of our small population, we are endeavoring to establish beacon lights in public health for the guidance of workers in this field. I thank each member of the conference and particularly the members of the executive committee and the secretary for their helpfulness and consideration during the perplexing period through which we have just passed.

For this Conference of State and Provincial Health Authorities I bespeak a wonderful future, for it is my firm belief that the work of public health, with its mitigation of human suffering, is as yet only in its early beginnings.

PREVALENCE OF POLIOMYELITIS.

The following table gives the number of cases of poliomyelitis (infantile paralysis) reported to the Public Health Service by State health officers from May 29 to July 30, 1921, inclusive. These reports are preliminary and necessarily incomplete.

Poliomyelitis (infantile paralysis).—Number of cases of poliomyelitis occurring in various States, as reported to the Public Health Service by the State health officers in weekly telegraphic or mail reports.

[States omitted are those from which no reports have been received or which have reported no poliomyelitis during the period covered. Leaders indicate that reports were received but no cases of poliomyelitis were reported.]

State.	Week ended (1921).—								
	June.				July.				
	4	11	18	25	2	9	16	23	30
Arkansas.....				1					
California.....	1	1	2	5		3	3	6	10
Connecticut.....				6	2	3	2	4	5
District of Columbia.....						3	4	3	7
Georgia.....		1	1		1				
Illinois.....		2	4	5	10	12	15	24	39
Indiana.....			2	1	1	1		6	8
Iowa.....					1	1	3	1	1
Kansas.....		1				2	2		1
Kentucky.....		1			1	2	2	1	
Louisiana.....									2
Maine.....		3					1		1
Maryland.....		1	2	3	4	1	4	8	7
Massachusetts.....	1	2		1	4	3	6	4	10
Minnesota.....		1	1	2	10	1	3	5	101
Mississippi.....		1							4
Missouri.....			(1)	6		(1)	8	3	4
Montana.....	1								
Nebraska.....		1			3		1		2
New Jersey.....		2	1	1	2	(1)	3	1	6
New York.....				1		2	4	10	15
North Carolina.....	1		3		4	3	1		
Ohio.....	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	27
South Dakota.....							3		
Texas.....								(1)	3
Vermont.....						3	1		3
Virginia.....		(1)	(1)	1		(1)	2	1	2
Wisconsin.....	2				1	4	9	14	12

¹ No report received.

² Exclusive of New York City.